



DEPARTMENT OF THE ARMY
US ARMY MEDICAL RESEARCH AND MATERIEL COMMAND
AND FORT DETRICK
504 SCOTT STREET
FORT DETRICK, MD 21702-5012

REPLY TO
ATTENTION OF:

MCMR-ZA

18 April 2002

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Command Policy #2002-16 Command-Directed Mental Health Evaluations

1. References.

- a. DoD Directive 6490.1, "Mental Health Evaluations of Members of the Armed Forces," October 1, 1997
- b. DoD Instruction 6490.4, "Requirements for Mental Health Evaluations of Members of the Armed Forces," August 28, 1997
- c. Section 546 of Public Law 102-484, "National Defense Authorization Act for Fiscal Year 1993," October 1992
- d. DoD Directive 7050.6, "Military Whistleblower Protection," August 12, 1995
- e. MEDCOM Regulation No. 40-38, "Command-Directed Mental Health Evaluations," June 1, 1999

2. Purpose. This memorandum establishes the U.S. Army Medical Research and Materiel Command (USAMRMC) policy for the proper referral processes for command-directed mental health evaluations for service members.

3. Applicability and Scope.

- a. This policy is applicable to all soldiers assigned or attached USAMRMC. This policy shall remain in effect until superseded by me or a successor in command.
- b. This policy applies only to those mental health evaluations directed by a soldier's commanding officer exercising his or her discretionary authority.

4. Policy.

a. A command-directed mental health examination is a potentially stigmatizing or even traumatizing event for a soldier, yet may be a commander's best available tool for evaluating the nature of a soldier's serious difficulties. For all those reasons, commanders must approach such a decision with the greatest care. I expect commanders to scrupulously adhere to the processing requirements for these cases established in the references listed above.

b. The soldier's designated commanding officer is responsible for determining whether the soldier should be referred for mental health evaluation under the standards set forth in the references listed in paragraph 1 of this policy letter.

c. Routine Referrals.

(1) The commanding officer must consult with a mental healthcare provider, or other healthcare provider, if a mental healthcare provider is not available prior to referral in cases involving routine (non-emergency) mental health evaluations.

(2) The commanding officer should consult with an attorney or judge advocate assigned to the MRMC Office of the Staff Judge Advocate for assistance in identifying and meeting the pre-referral requirements of the references in paragraph 1.

(3) The requirements for routine referrals, while detailed, are not onerous and essentially require prior consultation with experts and detailed, written notice to the affected soldier. These requirements are designed to ensure the command is able to demonstrate a mental health evaluation is required; to ensure the soldier understands the nature of the evaluation the command is seeking; and to enable the soldier to consult with others to assist the soldier in evaluating and understanding the command's concerns and the mental health evaluation the command is seeking to initiate.

(4) A soldier may not waive these requirements and commanders may not offer soldiers the opportunity to waive these requirements.

d. Emergency Referrals.

(1) The commanding officer shall refer a soldier for an emergency mental health evaluation only when all of the circumstances listed below have occurred. Commanders should consult with an attorney or judge advocate assigned to the MRMC Office of the Staff Judge Advocate (an On-Call Judge Advocate is always available through the MP Desk) for assistance in meeting the requirements for an emergency referral.

(a) The soldier indicates, by his or her actions or words, that he or she intends or is likely to cause serious injury to himself, herself or others;

(b) The facts and circumstances indicate that the soldier's intent to cause such injury is likely; and

(c) The commanding officer believes that the soldier may be suffering from a severe mental disorder.

(2) The commanding officer shall consult with a mental healthcare provider, or other healthcare provider, if a mental healthcare provider is not available, as soon as possible in emergency situations. The commanding officer will document in a memorandum the information discussed with the healthcare provider. The memorandum will include details of the circumstances and observations that led the commanding officer to believe an emergency referral was warranted. The commanding officer will forward this memorandum to the mental healthcare provider by facsimile, overnight mail, or courier.

(3) The commanding officer shall, as soon as possible, provide the soldier a memorandum and statement of rights as mentioned in subparagraph 4c(3) above and described in the references in paragraph 1.

e. The commanding officer may not refer a soldier for a mental health evaluation as a reprisal for lawfully communicating with an IG, an appropriate authority of the soldier's chain of command, an attorney, a member of Congress, or any other person, nor restrict soldiers from communicating with such individuals. Any violation of this prohibition by a person subject to the Uniform Code of Military Justice (UCMJ) is punishable as a violation of Article 92 of the UCMJ. Any violation of this prohibition by a civilian employee is punishable under regulations governing civilian disciplinary or adverse actions.

5. Supersession. This memorandum supersedes any previous command policy regarding referrals for mental health evaluations of soldiers.

6. Proponency. The Staff Judge Advocate (SJA) is the proponent for this command policy. Direct questions or suggestions to the Office of the Staff Judge Advocate at 301-619-2221.



LESTER MARTINEZ-LOPEZ
Major General, MC
Commanding

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